	ARIZONA STATE I	SOARD OF HEALTH	State File No.
	BUREAU OF VI	TAL STATISTICS	Registered No.
1. PLACE OF BIRTH	STANDARD CERT	IFICATE OF BIRTH	
Mila		State armona	
Comity		or Village	
District or Township		Turkey Shoot) St Ward
City Miami . No. 3021 Jurkly Stort St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child. Velu	a Ybarra	0	{ If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY Twin, triplet or other			
in event of plural			of birth Day Year
Vlmacl birthe.			MOTHER
8. FATHE	ER (, 0	11	+
Full name (Lonician	o Warra	Full maiden name	Corlana Cruz
9. Residence (Usual place of abode)	mami.	15 Residence (Usual place of abode)	Miami 0
If non-resident, give place and state	e arisma.	If non-resident, give place	e and state. Wyona.
		16 Color or race	$O \rightarrow O$
10. Color or race	11.0	11 3.	40
Ml4 · 11. Age a	it last birthday H. Q. (Years	mer. 1	17. Age at last birthday. HO (Years)
12. Birthplace (city or place) Jalis co		18. Birthplace (city or place)	Jalisco
(State or country)	1 mex.	(State or country)	o mex.
		19. Occupation	
.3. Occupation	•	Nature of industry	
Nature of industry	. አ		uservile
20. Number of children of this mothe	[(a) Born alive	and now living 9 21	Were precautions taken against oph-
(Taken as of time of birth of child her	(b) Born alive	but now dead.	thalmia neonatorum? Ifle
certified and including this child.)	(c) stutotium		
CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE* A			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder,			
etc., should make this return. A stillborn Phusician			
shows other evidence of life after	birth.		(Physician or midwife).
Given name added from Address Mami, Washa			
1 supplemental report Month, day, year			
	Filed	<u> </u>	Registrar
	egistrar 0		
581.1222-	537		

n